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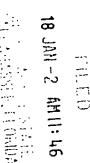
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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S. WARREN JAN 03 2018

COVER LETTER

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	; gistration Se vision of Cor			
SUBJECT:		Dream Realty, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		Kynse Leigh Agles		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Downtown Dream Realty,	LLC	
			Firm/Company	
		2285 First Street		
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		kynse@remaxdream.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Traci Jacko	wicz.		239 489-2900, ex	r. 102
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DOWNTOWN DREAM REALTY, LLC	
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Ilorida document number L16000032376	y Company were filed on 2/16/2016 @ 8:00 AM and assigned
his amendment is submitted to amend the following	
If amending name, enter the new name of the l	limited liability company here:
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
 If amending the registered agent and/or re egistered agent and/or the new registered office a 	egistered office address on our records, <u>enter the name of the raddress here:</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rachel Hague	2285 First Street	
		Fort Myers, FL 33901	■ Remove
			Change
MGR	Rachel Hage	2285 First Street	
		Fort Myers, FL 33901	Remove
			☐ Change
			□ Remove
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ective date, if other than the date of filing:	prior to date of filing	or more than 90 da	_(optional] vs.after filing) v.) Pursuar	nt to 605.0
n effective date is listed, the date must be specific and cannot be		iling requiremen	nts, this date	will not	be listed
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record specifies a delayed effective date, but The 90th day after the record is filed. Dec 27, 2017	pplicable statutory fords. t not an effective of the control of t	ve time, at 12		\$ 1	18

Page 3 of 3

Filing Fee: \$25.00